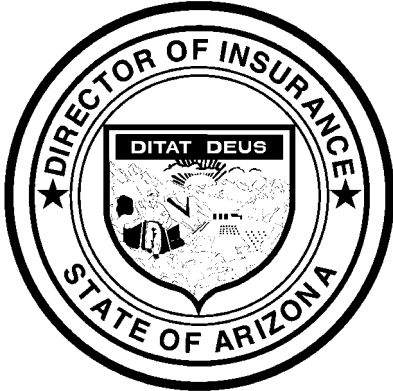


FORM L-192

Renewing the insurance license of a business entity

For licenses that expire between January 1, 2005, and June 30, 2006,



TIME SENSITIVE MATERIALS!!!

If the Department of Insurance does not receive your renewal application prior to your license expiration, your license will expire (you will be prohibited from engaging in insurance business), you will be subject to a late renewal fee, and you may be subject to additional license requirements.

- ☐ **Carefully read through the instructions.** You may be required to submit additional forms or documents with your license application. If your license application does not contain all the necessary forms or documents, or is otherwise not complete, the application will be returned as deficient. If the Insurance Licensing Section has not received your complete application and fees by or before the date of your license expiration, you shall lose the authority to transact insurance and you will be required to pay a \$100 late renewal fee to renew your license.
- ☐ **Make sure you submit all parts of the renewal application.** The renewal application consists of four parts. If you do not have all the parts of your license application, immediately contact the Insurance Licensing Section at 602.912.8470 (or 877.660.0964 for toll-free calls within Arizona).
- ☐ **Clearly print in ink or type** all information and carefully review the application before submitting it. If you have a question about application forms or instructions, consult our Internet web site (www.id.state.az.us) or contact the Insurance Licensing Section (see information at the bottom of the next page). Remember to have the application signed and dated in the Applicant Certification section after Part II.
- ☐ **Retain these instructions for your records.** Do not submit this instruction booklet with your license application.
- ☐ **Organize your application materials** in the following manner before submitting them:
 - ◆ Staple the application and any required attachments in the upper left corner.
 - ◆ If you are a nonresident, please attach the required original letter of certification (a.k.a. letter of good standing) as the last page of your application submission.
 - ◆ Remove any stubs from the money order or check with which you are paying your license fee.
 - ◆ To the front of the application form, please staple your payment, made payable to **Insurance Licensing Section**, in the location indicated (immediately below Section C).
- ☐ **The Department must receive your renewal application before the expiration of your license.**
 - ◆ **Mailing Address:** Insurance Licensing Section, 2910 N. 44th St # 210, Phoenix, Arizona 85018-7256

INSURANCE LICENSE RENEWAL APPLICATION FOR A BUSINESS ENTITY

Instructions

IT IS CRITICAL THAT YOUR RENEWAL APPLICATION SUBMISSION IS COMPLETE, THAT ALL RENEWAL REQUIREMENTS ARE MET, AND THAT THE DEPARTMENT RECEIVES YOUR COMPLETE APPLICATION BEFORE YOUR LICENSE EXPIRATION! If a **complete** application (accompanied by all required materials) is not **received** by the Department (regardless of the postmark date) before the expiration of your license, your license will expire and you will be prohibited from transacting insurance.

Late Renewals. A person whose license expires may submit a renewal application after the expiration of the license if the Department receives from the applicant, within one year after the expiration date stated on the applicant's license,

- a complete application and any other required documents
- the license fee (described in Section D of the application),
- the \$100 late renewal fee required by A.R.S. § 20-289(E), and

If a renewal application is received by the department after the one-year period following the license expiration date, it will be rejected and application for a new license will be required.

On-the-spot Service. *In a hurry for your license?* A license application hand delivered to the Insurance Department's Phoenix or Tucson office between **8 AM and 4 PM** Mondays through Fridays (except state-observed holidays) will be reviewed "on the spot" while the applicant waits. On-the-spot service enables us to answer any questions you have and describe, in person, any additional information that we need to render a licensing decision. Many (but not all) applicants are able to obtain their license before they leave our office. The last week of the month is especially busy. Avoid the rush and bring in your application during the first few weeks of the month.

LICENSING FORMS are available

- from the "**Producers**" Internet web page at **www.id.state.az.us**,
- by **faxing a request** to the Insurance Licensing Section fax at 602-912-8473, or
- **In person** from the Phoenix or Tucson office during "on-the-spot service" hours – see above.

IF YOU HAVE QUESTIONS CONCERNING THIS APPLICATION OR ANY OTHER LICENSING ISSUE,

- **visit our web site** at **www.id.state.az.us**,
- **e-mail** us at **licensing@id.state.az.us**,
- **fax** the Insurance Licensing Section at **(602) 912-8473**, or
- **call** the Insurance Licensing Hotline at **(602) 912-8470** (or toll-free within Arizona but outside the Phoenix Area at 877-660-0964).

PART I of the application.

- **Section B:** If using a business name in conjunction with transactions under the license that is different than the true name of the firm or corporation (i.e. an **assumed name, trade name or D.B.A.**), it must have been approved by the Insurance Department prior to its use in accordance with A.R.S. § 20-297 (see "Assumed Name" on page 3 of these instructions). Form L-193 is available in Adobe Acrobat format on the "Producers" Internet web page (www.id.state.az.us) or by faxing a request to the Insurance Licensing Hotline at (602) 912-8473.

Office Locations. If the applicant has any office locations within Arizona, the applicant is required to provide a signed and dated list that identifies, for each location,

- the street address of the location;
 - the full name and Arizona insurance license number of each insurance professional who will engage in insurance business at the location. Arizona resident surplus lines broker business entities should also consult Page 4 of these instructions.
- **Section C:** If a line of authority is canceled, you will not be able to re-add that line of authority unless you submit another application and fee. The Department will renew lines of authority you presently hold on your license – you cannot add lines of authority with this application.
- **Section D:** For Arizona insurance licenses expiring between January 1, 2005, and December 31, 2006, if the Arizona license number ends with an even number or zero, the license will be renewed for a term of four years. If the Arizona insurance license number ends with an odd number, the license will be renewed for a term of two years. All licenses issued or renewed after January 1, 2007 shall have a four-year term. Make sure your complete application is accompanied by the (non-refundable) fee required by A.R.S. § 20-167(B), as follows:

FEES through 6/30/2005	4-year License (Even/Zero)	2-year License (Odd)
Surplus lines or Mexican insurance surplus lines authority.	\$1,200	\$600
One or more non-surplus-lines of authority (one fee regardless of number of lines of authority.	\$120	\$60

If a complete application and fee are not RECEIVED by the Insurance Licensing Section on or before the expiration date of the license,

- add the \$100.00 late renewal fee to the payment pursuant to A.R.S. § 20-289(E); and,
- the applicant will be unlicensed from the date the license expired until the date the renewal application has been approved; and,
- the (late) renewal application must be received within one year after license expiration.

PART II of the application. If "YES" is answered to any question in PART II, you are required to submit:

- For each person to which the "Yes" answer applies, A SIGNED, NOTARIZED statement describing, **in detail**, all incidents including the names, dates and locations involved, the names and localities of any courts and/or administrative agencies involved, and the disposition or current status of each matter;
AND
- Copies of any and all indictments, complaints, plea agreements, orders of conviction, notices of hearing or trial, sentencing orders, suspension/revocation orders and any other information that relates to each matter. If certified copies are not available, you must provide as a part of this application a letter from the clerk of the pertinent court or the official involved stating the records are not available and the reason.

NOTE: The Violent Crime Control and Law Enforcement Act of 1994 prohibits any person convicted of any criminal felony involving dishonesty, breach of trust or a violation of the Act from engaging in the business of insurance without the specific written consent of the appropriate state insurance regulatory official. 18 U.S.C. 1033. A person who does not obtain the specific written consent may be subject to federal criminal prosecution. There is no automatic waiver for an individual who may already possess a license. Further, the Act prohibits any person or entity from willfully permitting a prohibited person, as described above, from engaging in the business of insurance and the Act subjects such a person or entity to criminal sanctions.

PART III of the application.

Detailed instructions are provided directly on Part III. For each new principal, an Arizona-resident applicant must submit a fingerprint card and a \$29 FBI fingerprint card processing fee.

PART IV of the application.

Detailed instructions are provided directly on Part IV.

ASSUMED NAME (or D.B.A.)

In accordance with A.R.S. § 20-318, licensees cannot use a name in insurance business matters other than the name stated on the license unless the Arizona Insurance Department approves the use of the name. Use **Form L-193** to file the name. In addition, a licensee should consider "registering" an assumed name with the Arizona Secretary of State's Office. Call (602) 542-6187 for information about applying for a "Trade Name Certificate." By obtaining a Trade Name Certificate issued by the Arizona Secretary of State, a licensee will prevent an entity from subsequently using the same name as its genuine name, which could require a licensee to relinquish an assumed name.

ADJUSTERS (non-residents only)

Complete **Form ADJ.ADDENDUM** and submit it with your application.

NON-RESIDENT APPLICANTS

The Department of Insurance will verify your license status through the Producer Database (PDB) maintained by the National Insurance Producer Registry.

MANAGING GENERAL AGENTS

Have **Form L-107** completed by an authorized official of the insurance company with which the applicant has a contract. Submit the completed form to this office with the renewal application.

RESIDENT SURPLUS LINES BROKERS

To transact insurance in this state, each individual and each business entity must each possess a surplus lines broker license issued by the Arizona Department of Insurance. A.R.S. § 20-411(A).

An *additional* requirement applies to an Arizona-resident business entity. In addition to the requirement to possess a surplus lines broker's license the business entity shall have, in each of its offices where the entity transacts surplus lines insurance in this state, at least one individual who is licensed by the Arizona Department of Insurance as an insurance producer authorized for property or casualty insurance who has passed the surplus lines broker examination. A.R.S. §§ 20-411(E). Such individual may not participate in the procurement of surplus lines insurance (without the SLB license) but may help determine whether coverage is available from an insurers possessing a certificate of authority to transact property and casualty insurance in Arizona. Arizona-resident business entities must, on the list of office locations provided in response to SECTION B, identify the individual(s) within each office who are surplus lines brokers or licensed insurance producers that have passed the Arizona surplus lines broker examination.

SURETY BONDS AND DEPOSITS

A license of a **bail bond agent or managing general agent** will not be renewed unless the licensee has in force the required surety bond.

Organize your application materials and fee payment in the manner described on the cover and send (without this instruction booklet) to the following address:

INSURANCE LICENSING SECTION, 2910 N 44TH ST # 210, PHOENIX, AZ 85018-7256

The Department Of Insurance is an Equal Employment Opportunity agency that complies with the Americans with Disabilities Act ("ADA") of 1990. Persons with disabilities may request reasonable accommodation by contacting our ADA Coordinator at (602) 912-8402.

INSURANCE LICENSE RENEWAL APPLICATION FOR A BUSINESS ENTITY: PART I

FORM L-192

1. **CAREFULLY READ THE ENCLOSED INSTRUCTION BOOKLET.** Application must be printed in ink or typed. Incomplete or illegible applications will be returned.
2. Complete PARTS I, II, III, and IV of this application and include all other requirements specified in the enclosed instruction booklet.
3. Staple your application form and required attachments in the upper left corner with your letter of certification (if required) as the last page. Remove stubs from your payment and staple your payment to the front of this page in the location indicated (immediately below Section C).
4. Address the envelope containing your application materials **EXACTLY AS FOLLOWS:**

INSURANCE LICENSING SECTION, 2910 N. 44th St. # 210, Phoenix, AZ 85018-7256

SECTION A Licensee Information	AZ Insurance License Number		FEIN (Federal Tax ID Number ##-####-####)			
	Applicant Name					
	Physical Street Address* (may not be P.O. box)		City	State	Zip Code	
SECTION B Mailing Address and Phone	Mailing Address or P.O. Box (leave blank if same as above)		City	State	Zip Code	
	Business Area Code & Phone #:	* The physical street address in Section A <u>may not</u> be a post office box. The mailing address in Section B may be a post office box if desired. NOTE: If applicant will conduct business at locations other than the address identified in Section A, the applicant must attach a <u>signed and dated</u> list of the other locations that includes, <u>for each location</u> , the names and Arizona insurance license numbers of each person who will transact insurance on behalf of applicant.				
	Fax Number (optional):	E-mail Address (optional):				
SECTION C IMPORTANT: Write an "X" to the right of each license authority you presently hold but do not wish to renew.	PRODUCER License Type		CANCEL (X)	OTHER License Type		CANCEL (X)
	Life		<input type="checkbox"/>	Surplus Lines Broker		<input type="checkbox"/>
	Accident and Health or Sickness		<input type="checkbox"/>	Mexican Insurance Surplus Lines Broker		<input type="checkbox"/>
	Variable Life and Variable Annuities		<input type="checkbox"/>	Surplus Lines Broker		<input type="checkbox"/>
	Property		<input type="checkbox"/>	Property and Casualty Managing General Agent		<input type="checkbox"/>
	Casualty		<input type="checkbox"/>	Life Managing General Agent		<input type="checkbox"/>
	Personal Lines		<input type="checkbox"/>	Accident and Health or Sickness Managing General Agent		<input type="checkbox"/>
	Travel Accident Ticket Policies or Baggage		<input type="checkbox"/>	Title Agent		<input type="checkbox"/>
	Credit		<input type="checkbox"/>	Rental Car Agent		<input type="checkbox"/>
	OTHER (nonresident only):		<input type="checkbox"/>	Adjuster		<input type="checkbox"/>

{ ← **HERE**, PLEASE ALIGN TOP OF CHECK OR MONEY ORDER AND STAPLE ON LEFT SIDE (REMEMBER TO REMOVE ANY STUBS)

SECTION D: FEES (January 1, 2005, through June 30, 2006) -- MAKE CHECKS PAYABLE TO: **INSURANCE LICENSING SECTION**

- To renew surplus lines broker authority or Mexican insurance surplus lines authority, the fee is \$1,200.00 if the Arizona license number is even, or \$600.00 if the Arizona license number is odd.
- To renew one or more non-surplus-line types of license authority, the fee is \$120.00 if the Arizona license number is even, or \$60.00 if the Arizona license number is odd.
- To renew both, a surplus lines authority type and one or more non-surplus-line types of authority, the fee is \$1,320.00 if the Arizona license number is even, or \$660.00 if the Arizona license number is odd.

NOTE: If a complete renewal application meeting all requirements is not **RECEIVED** by or before your license expiration date, you must add the \$100 late renewal fee required by A.R.S. § 20-289(E).

SECTION E: COMPLIANCE REPRESENTATIVE OF APPLICANT — Enter the FULL name and Arizona insurance license number of the individual who shall be responsible for the applicant's compliance with Arizona insurance laws.

Name: _____ AZ License #: _____

*** THE SPACE BELOW IS FOR DEPARTMENT OF INSURANCE USE ***

Renewed/Approved by:	TF#: <input type="checkbox"/> 17 Biennial Other (60.00) <input type="checkbox"/> 48 Biennial SLB (600.00) <input type="checkbox"/> 57 Quad Other (120.00) <input type="checkbox"/> 59 Quad SLB (1200.00) <input type="checkbox"/> 49 Late Renewal (100.00)
Late Renewal Date:	

INSURANCE LICENSE RENEWAL APPLICATION FOR A BUSINESS ENTITY: PART II

Indicate with an "X" which of the following two statements is true:

- ☐ The firm transacts business at locations other than that identified in Section B of PART I. Attach a **signed and dated** sheet listing the other locations and, for each location, listing the staff which hold Arizona insurance licenses, OR
- ☐ The firm does not transact business at locations other than that identified in Section B of PART I.

Carefully read the questions below and check either "YES" or "NO." For the purposes of this application, "convicted" includes, but is not limited to, having been found guilty by judge or jury or pled guilty or no contest to any felony, misdemeanor or open-ended offense. A "NO" response is incorrect if applicant has had any conviction dismissed, expunged, pardoned, appealed, set aside or reversed, or if licensee had its civil rights restored, had a plea withdrawn or if applicant has been given probation, a suspended sentence, was issued a fine, successfully completed a diversion program, etc. **If "YES" is answered to any of the following, carefully read the instructions for additional information required to accompany the renewal application.**

A. Has the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license been convicted of a felony that has not previously disclosed in any license application or accompanying statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Has the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license had any professional license, vocational license, business license or certification refused, denied, suspended, revoked or restricted that has not previously disclosed in any license application or accompanying statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Has the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license withdrawn any application or surrendered any license to avoid any disciplinary action or the denial of a license that has not previously disclosed in any license application or accompanying statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Has the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license had any judgment, order or other determination issued or imposed in any criminal, civil, administrative or other judicial or quasi-judicial proceeding of any kind in any jurisdiction that has not previously been disclosed by you to this agency in a license application based on:	
1. Obtaining or attempting to obtain any type of license through misrepresentation or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Improperly withholding, misappropriating or converting any monies or properties received in the course of doing insurance business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Intentionally misrepresenting the terms of an actual or proposed insurance contract or application for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Committing any insurance unfair trade practice or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Using fraudulent, coercive or dishonest practices in the conduct of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Demonstrating incompetence, untrustworthiness or financial irresponsibility in the conduct of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Forging another's name to any document related to an insurance transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Aiding or assisting any person in the unauthorized transaction of insurance business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Violating A.R.S. § 41-624(B) or (C), the prohibition of sharing commissions with anyone other than the contractor or a person that has performed actual services for the contractor in connection with a bid involving the sale of insurance to the State?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Violating A.R.S. §§ 6-1410, 6-1412 or 6-1413, which provide requirements relating to premium finance transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. For any other cause arising out of an insurance transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Are any civil, administrative, other judicial or quasi-judicial proceedings of any kind, or any criminal proceedings in which an indictment, criminal complaint or information has been issued naming the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license, as defendant, currently pending in any jurisdiction that has not previously been disclosed by you to this agency in a license application based on:	
1. Obtaining or attempting to obtain any type of license through misrepresentation or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Improperly withholding, misappropriating or converting any monies or properties received in the course of doing insurance business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Intentionally misrepresenting the terms of an actual or proposed insurance contract or application for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Committing any insurance unfair trade practice or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Using fraudulent, coercive or dishonest practices in the conduct of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Demonstrating incompetence, untrustworthiness or financial irresponsibility in the conduct of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Forging another's name to any document related to an insurance transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Aiding or assisting any person in the unauthorized transaction of insurance business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Violating A.R.S. § 41-624(B) or (C), the prohibition of sharing commissions with anyone other than the contractor or a person that has performed actual services for the contractor in connection with a bid involving the sale of insurance to the State?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Violating A.R.S. §§ 6-1410, 6-1412 or 6-1413, which provide requirements relating to premium finance transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. For any other cause arising out of an insurance transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. If for a bail bond agent license, has the applicant or any individual designated in the application as a principal or any individual who is to exercise the powers conferred by the license EVER been convicted of theft or of any crime involving carrying or the possession of a deadly weapon or dangerous instrument?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT CERTIFICATION (to be signed and dated by **two** principals listed in PART III)

By our signatures below, we hereby certify that the information recorded on all parts of this application and on all attachments and enclosures herewith, is true and correct to the best of our knowledge.

Signature: _____ Printed Name: _____ Date: ____/____/____

Signature: _____ Printed Name: _____ Date: ____/____/____

INSURANCE LICENSE RENEWAL APPLICATION FOR A BUSINESS ENTITY: PART III

Write the FULL name and title (office held) of each of the applicant's **principals**.

- **Bail bond agencies** must have all owners, stockholders and employees listed.
- **All other applicants** must include in the list
 - the owners that have a 10% or greater share of voting rights, excluding any interest in publicly traded securities; and
 - directors and officers if applicant is a corporation; and
 - partners if applicant its a partnership; and
 - members and managers if applicant is a limited liability company; and
 - trustees if applicant is a trust.

If more space is required, enter the information on photocopies of this form (L-192, PART III), or on a separate page containing the name of the business-entity applicant and the same information requested below.

ARIZONA RESIDENTS: FOR EACH PRINCIPAL LISTED ON THIS FORM WHO WAS NOT PREVIOUSLY REPORTED AS A PRINCIPAL OF THE APPLICANT, FINGERPRINTS APPLIED TO A BLUE-OUTLINED FINGERPRINT CARD (FORM FD-258) MUST BE SUBMITTED ALONG WITH AN FBI FINGERPRINT CARD PROCESSING FEE FOR EACH CARD. **THE PER-CARD FBI FINGERPRINT PROCESSING FEE IS \$29.00.**

NAMES OF PRINCIPALS			TITLE (Office Held)
Full Last Name	Full First Name	Full Middle Name	

Write the Arizona Insurance License Number and the FULL name of each authorized representative of the applicant.

Applicant Name

[illegible]